

**For DHHS Use Only**

|                        |
|------------------------|
| CON Application Number |
| Facility Number        |
| Date Submitted         |

**REQUEST FOR CHANGE TO  
INTERVENTIONAL CARDIOLOGIST**

**Michigan Department of Health & Human Services  
CERTIFICATE OF NEED**

South Grand Building  
322 S. Grand Avenue, 4<sup>th</sup> Floor  
Lansing, Michigan 48933  
Phone: (517) 241-3344 Fax: (517) 241-2962

|   |   |
|---|---|
| <b>AUTHORITY:</b> PA 368 of 1978, as amended<br><b>COMPLETION:</b> Is voluntary, but is required to obtain a Certificate of Need. If not completed, a Certificate of Need will not be issued. | The Department of Health & Human Services is an equal opportunity employer, services and programs provider. |
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**Requirements:**

Sec. 5(1)(b) The interventional cardiologists (at least two) to perform the primary PCI are experienced interventionalists who have each performed at least 75 interventions annually as the primary operator at an open heart surgery facility during the most recent 24 months preceding the date the application was submitted to the Department, and annually thereafter.

Sec. 13 (1) An applicant shall agree that, if approved, the project shall be delivered in compliance with the following terms of CON approval:

(a) Shall immediately report to the Department any changes in the interventional cardiologists who perform the primary PCI procedures.

**Section 1 – Facility Contact Information**

|   |                               |                |          |
|---|-------------------------------|----------------|----------|
| Current Facility Name                             |                               |                |          |
| Hospital Address                                  | City                          | State          | ZIP Code |
| Name of Chief Cardiologist or Laboratory Director | Telephone Number<br>(   )   - | E-mail Address |          |

**Section 2 – Interventional Cardiologist (duplicate page if necessary)**

| Interventional Cardiologist | License No. | Status<br>(Current, Add, or Delete) |
|-----------------------------|-------------|-------------------------------------|
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|                             |             |                                     |

I certify that each physician listed above has been credentialed by the hospital to perform primary PCI procedures at this site and that each physician has performed at least 75 interventions as the primary operator within the most recent 24 months.

\_\_\_\_\_  
Signature (Chief Cardiologist/Laboratory Director)

\_\_\_\_\_  
Date